



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <b>150688</b>		3. This Statement covers: from <b>12/05/14</b> to <b>07/20/14</b>	
2. Committee Name <b>Committee to elect Andrew Niedzinski</b>		4. Candidate Last Name <b>Niedzinski</b> First Name <b>Andrew</b> M.I. <b>G</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Board Member - Local</b> 4b. County of Residence <b>BAY</b>	
5. Committee's Mailing Address <b>1911 15th st. Bay City, MI 48708</b>  Area Code and Phone <b>(989)992-7864</b> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <b>Andrew Niedzinski 1911 15th st. Bay City, MI 48708</b>  Area Code & Phone <b>(989)992-7864</b>	
7. Treasurer's Business Address   Area Code and Phone _____		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)   Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year  9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)  9e. <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper <b>Andrew Niedzinski</b> Type or Print Name		Signature _____ Date <b>7/25/2014</b>	
Candidate <b>Andrew Niedzinski</b> Type or Print Name		Signature _____ Date <b>7/25/2014</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150688

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Andrew Niedzinski

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>0</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ <u>0</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>364.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>364.00</u>	(23.) \$ <u>364.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1554.65</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1554.65</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>364.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1190.65</u>	*

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE1. Committee I. D. Number 1506882. Committee Name Committee To Elect Andrew Niedzinski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Friends of Dan Kildee</u> Address <u>PO. Box 240</u> <u>Flint MI 48506</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/20/14</u> Date	<u>\$ 100.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>Saginaw Area Democratic Club</u> Address <u>318 S. Hamilton st</u> <u>Saginaw MI 48602</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/22/14</u> Date	<u>\$ 15.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>Bay County Democratic Party</u> Address <u>5265 2 Mile rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/2/14</u> Date	<u>\$20.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>Bay County Democratic Party</u> Address <u>5265 2 Mile rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/01/14</u> Date	<u>\$ 139.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>Nick Wilcox</u> Address <u>5123 3 Mile rd</u> <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Created Advertisement</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/9/14</u> Date	<u>\$50.00</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page

324.00Grand Total of all Schedules 1B  
(Complete on last page of Schedule)Enter this total  
on line 8a of  
Summary Page

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150688  
2. Committee Name Committee To Elect Andrew Niedzinski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Friends of Don Tilley</u> Address <u>617 Green Ave</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/27/14</u> Date	<u>\$ 40.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page	<b>40.00</b>
Grand Total of all Schedules 1B (Complete on last page of Schedule)	<b>364.00</b>

Enter this total on line 8a of Summary Page